

Applicant or Patentee: _____ Attorney Docket No. _____
Serial or Patent No.: _____ Filed or Issued: _____
For: _____

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) and 1.27(d)) - NONPROFIT ORGANIZATION

I hereby declare that I am an official empowered to act on behalf of the nonprofit organization identified below:

Name of Organization ISTITUTO SUPERIORE DI SANITA'
Address of Organization Viale Regina Elena 299, I-00161 ROMA (Italy)

Type of Organization:

- ☒ University or Other Institution of Higher Education
☐ Tax Exempt Under Internal Revenue Service Code 26 USC 501(a) and 501(c)(3)
☐ Nonprofit Scientific or Educational Under Statute of State of the United States of America
(Name of State _____)
(Citation of Statute _____)
☐ Would Qualify as Tax Exempt Under Internal Revenue Service Code 26 USC 501(a) and 501(c)(3) If Located in the United States of America
☐ Would Qualify as Nonprofit Scientific or Educational Under Statute of State of the United States of America If Located in the United States of America
(Name of State _____)
(Citation of Statute _____)

I hereby declare that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 CFR 1.9(e) for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code with regard to the invention entitled
'In vitro mass production of human erythroid cells from the blood of normal donors
and of thalassemic patients'

by inventor(s) Giovanni MIGLIACCIO, Anna Rita FRANCO
described in

- ☐ the specification filed herewith
☒ Application Serial No. 10/786,461, filed February 26, 2004
☐ International Application No. _____, filed _____
☐ Patent No. _____, issued _____

I hereby declare that rights under contract or law have been conveyed to and remain with the nonprofit organization with regard to the above identified invention.

If the rights held by the nonprofit organization are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

*NOTE: Separate verified statements are required from each named person, concern, or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

Name _____
Address _____

Individual Small Business Concern Nonprofit Organization

Name _____
Address _____

Individual Small Business Concern Nonprofit Organization

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

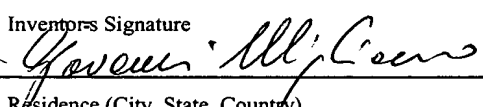
NAME OF PERSON SIGNING PROF. ENRICO GARACI
TITLE IN ORGANIZATION PRESIDENTE
ADDRESS OF PERSON SIGNING Viale Regina Elena 299, I-00161 ROMA (Italy)

Signature: _____ Date March 23, 2004

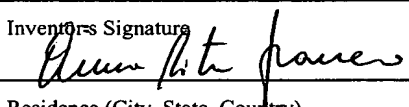
IL PRESIDENTE
dell'Istituto Superiore di Sanità
Prof. Enrico Garaci

I or we hereby appoint the registered practitioner(s) associated with **Customer Number 6449** to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. Direct all correspondence about the application to **Customer Number 6449**.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Name of Sole or First Inventor	___ A petition has been filed for this unsignd inventor.
Given Name (first and middle[if any]) Giovanni	Family Name or Surname MIGLIACCIO
Inventors Signature 	Date 23/3/04
Residence (City, State, Country) ROMA (Italy)	Citizenship Italian

Mailing Address (Street, City, State, Zip or Postal Code, Country)
Via Sabina s.n., Villa Adriana, I-00100 ROMA (Italy)

Name of Second Inventor	___ A petition has been filed for this unsignd inventor.
Given Name (first and middle[if any]) Anna Rita	Family Name or Surname FRANCO
Inventors Signature 	Date 23/3/04
Residence (City, State, Country) ROMA (Italy)	Citizenship Italian

Mailing Address (Street, City, State, Zip or Postal Code, Country)
Via Sabina s.n., Villa Adriana, I-00100 ROMA (Italy)

Name of Third Inventor	___ A petition has been filed for this unsignd inventor.
Given Name (first and middle[if any])	Family Name or Surname
Inventors Signature	Date
Residence (City, State, Country)	Citizenship

Mailing Address (Street, City, State, Zip or Postal Code, Country)

Name of Fourth Inventor	___ A petition has been filed for this unsignd inventor.
Given Name (first and middle[if any])	Family Name or Surname
Inventors Signature	Date
Residence (City, State, Country)	Citizenship

Mailing Address (Street, City, State, Zip or Postal Code, Country)

Patent Application Declaration

Page 2 of 2